

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) USA FREEDOM FUND		FEC IDENTIFICATION NUMBER ▼ C C00745208	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Armada Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2022		
Mailing Address 2637 E Atlantic Blvd Suite 43878			Amount 1123551.24		
City Pompano Beach	State FL	Zip Code 33062	Transaction ID : SE.4283		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2022		
Name of Federal Candidate VANCE, J D, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought		4281750.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Armada Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2022		
Mailing Address 2637 E Atlantic Blvd Suite 43878			Amount 173442.50		
City Pompano Beach	State FL	Zip Code 33062	Transaction ID : SE.4284		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2022		
Name of Federal Candidate VANCE, J D, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought		4691200.49	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1296993.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Datwyler, Thomas, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 27 / 2022

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) USA FREEDOM FUND		FEC IDENTIFICATION NUMBER ▼ C C00745208
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Catamaran Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2022
Mailing Address 5042 Wilshire Blvd Suite 45064		Amount 236007.00
City Los Angeles,	State CA	Zip Code 90036
Purpose of Expenditure DIRECT MAILING	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2022
Name of Federal Candidate VANCE, J D, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	236007.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1533000.74

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Datwyler, Thomas, , ,

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Date

MM / DD / YYYY
04 / 27 / 2022

Signature